



School Council Parent Candidate Form

I wish to nominate _____ for an elected position as a parent/guardian representative on the school council.

Name: _____

Address: _____

Home phone: _____ Business Phone: _____

Email: _____

I am the parent/guardian of _____, who is currently registered at this school. *(Name of student)*

_____ is the parent/guardian of _____.
(Name of person nominated) *(Name of student)*

The person I have nominated is an employee of the Ottawa-Carleton District School Board (OCDSB):

Yes No

Nominator's Signature

Date

PLEASE INCLUDE A BRIEF BIOGRAPHY OF THE CANDIDATE YOU HAVE NOMINATED ON THE BACK OF THIS FORM OR ON A SEPARATE SHEET ATTACHED TO THIS FORM.

You will be notified when your nomination has been received

The personal information on this form is collected under the authority of the *Education Act* and will be used to facilitate the election process of school councils. If you wish to review this information or have questions regarding its collection, please contact your Principal.